

• REMARKS

Claims 1-36 are pending in the application. Claims 1, 3, 4, 6, 7, 8, 11, 12, 14, 15, 17, 19, 20, 23, 25, 28, 29, 31, 33, 34, and 36 have been amended. Claims 2, 18, and 32 have been cancelled. Reconsideration is respectfully requested. Applicants submit that the pending claims 1-36 are patentable over the art of record and allowance is respectfully requested of claims 1-36.

In paragraph 6, the Office Action rejects claims 1-3, 6-7, 10-12, 14, 17-19, 23-26, 31-33, and 36 under 35 U.S.C. §103(a) as being unpatentable over Brown (U.S. Patent No. 6,161,095) in view of Brown (U.S. Patent No. 6,032,119). Applicants traverse these rejections for the following reasons.

Applicants' amended claim 1 recites: generating an electronic patient data structure including patient biographical information and one of medical history information including medical event information, medication schedule information, and appointment schedule information; electronically transmitting the patient data structure between a physician computer and a portable patient device, wherein the patient data structure is capable of being modified, and displaying, in the display of the portable computing device, a main menu of selectable views, wherein the selectable views comprise a patient bio view, a medical history view, a patient medication schedule view, an appointment schedule view, and a log view, and wherein the appointment schedule view displayed in the display of the portable computing device differs from the appointment schedule view that is displayable on a display at the physician computer. Support for the amendments to claim 1 may be found, for example, in the Specification at FIG. 3 and page 8, line 3 through page 10 line 2.

Applicants respectfully submit that neither the Brown ('095) patent, nor the Brown ('119) patent, either alone or together teaches or suggests the subject matter of amended claim 1.

For example, claim 1 describes displaying, in the display of the portable computing device, a main menu of selectable views, wherein the selectable views comprise a patient bio view, a medical history view, a patient medication schedule view, an appointment schedule view, and a log view. The Brown ('095) patent describes a presentation element to provide a reminder

message instructing the patient to perform an act, and the act to be performed is related to compliance with a medication regimen, a physical therapy regimen, or other regimen. (Col. 5, lines 4-22) The Brown ('095) patent does not teach or suggest the claimed display of a main menu of selectable views.

Furthermore, claim 1 describes that the appointment schedule view displayed in the display of the portable computing device differs from the appointment schedule view that is displayable on a display at the physician computer. The Brown ('095) patent does not describe appointment schedule views.

In the Brown ('119) patent, FIGs. 5A - 5G are schematic depictions of screen shots. (Col. 6, lines 19-21) The Brown ('119) patent describes that the display comprises several sections: a body image section, a log book section, a blood glucose center section, a feedback section, and a mail center section. (Col. 6, lines 46-51) The Brown ('119) patent does not teach or suggest the claimed display of a main menu of selectable views, wherein the selectable views comprise a patient bio view, a medical history view, a patient medication schedule view, an appointment schedule view, and a log view.

Furthermore, claim 1 describes that the appointment schedule view displayed in the display of the portable computing device differs from the appointment schedule view that is displayable on a display at the physician computer. The Brown ('119) patent describes that a log book allows the patient to access and modify records of appointment and checkup schedules, and the functions of the log book module become accessible if the patient clicks on a log book section 102, as illustrated in FIG. 5-B (Col. 6, lines 37-41 and 52-56), but the Brown ('119) patent does not teach or suggest that the appointment schedule displayed at a portable computing device being different than one displayed at the physician computer.

Even if combined, the Brown ('095) patent and the Brown ('119) patent do not teach or suggest the subject matter of claim 1.

Although the Evans patent was not cited against claim 1, the Applicants' will discuss the Evans patent to distinguish the Evans patent from the claimed invention. In particular, the Evans patent describes a chart puller window that enables a healthcare provider to schedule a patient

appointment. (FIG. 3, Col 5, lines 57-60) Additionally, the Evans patent describes a graphical user interface having a patient chart window to capture patient information, and the patient chart window includes tabs for patient data, clinical data, encounter data, and progress notes. Even if the Evans patent were combined with the Brown ('095) patent and the Brown ('119) patent, the combination would not result in the claimed main menu of selectable views, wherein the selectable views comprise a patient bio view, a medical history view, a patient medication schedule view, an appointment schedule view, and a log view. Additionally, the Evans patent does not teach or suggest that the appointment schedule displayed at a portable computing device being different than one displayed at the physician computer, therefore, the Evans patent does not overcome the defects of the Brown ('095) patent and the Brown ('119) patent.

Therefore, claim 1 is not taught or suggested by the Brown ('095) or Brown ('119) patents, either alone or in combination.

Amended independent claims 11, 17, 25, and 31 are not taught or suggested by the Brown ('095) or Brown ('119) patents, either alone or in combination for at least the same reasons as were discussed with respect to claim 1.

Additionally, claims 11 and 25 describe modifying information in the patient data structure via at least one of the selectable views. Since the Brown ('095) or Brown ('119) patents, either alone or in combination, do not teach the claimed selectable views, they do not teach modifying information using the claimed selectable views of

Dependent claims 3, 6-7, 10, 12, 14, 19, 23-24, 26, 31, 33, and 36 incorporate the language of independent claims 1, 11, 17, 25, and 31, respectively, and add additional novel elements. Therefore, dependent claims , 6-7, 10, 12, 14, 19, 23-24, 26, 31, 33, and 36 are not taught or suggested by the Brown ('095) or Brown ('119) patents, either alone or in combination for at least the same reasons as were discussed with respect to independent claim 1.

Additionally, amended claims 3, 19, and 33 describe indicating, with the portable patient device, that one scheduled patient medication shown in the patient medication schedule view was taken, wherein the medication schedule view provides a calendar display of a medication schedule derived from prescription subrecords in a patient record and storing the indication that

the patient took the scheduled patient medication in the patient data structure in the portable computing device. Support for the amendments to claims 3, 19, and 33 may be found, for example, in the Specification at page 8, lines 18-21. The Brown ('095) patent describes that a patient performs and indicated act and enters a message into the portable device. (Col. 5, lines 240-26). The Brown ('119) patent describes that the patient can access and modify records of medication. (Col. 6, lines 37-38) However, neither the Brown ('095) nor the Brown ('119) patent describe that the medication schedule view provides a calendar display of a medication schedule derived from prescription subrecords in a patient record.

Additionally, amended claims 6, 14, and 28 describe adding, with the physician computer, one of appointment and medication events to the patient data structure, wherein one appointment event indicates a scheduled medical related visit and one medication event indicates a drug prescription, wherein the drug prescription is digitally signed and transmitting the modified patient data structure to the patient device. Support for the amendments to claims 6, 14, and 18 may be found, for example, in the Specification at page 12, lines 17-20. Neither the Brown ('095) nor the Brown ('119) patent describe digitally signing the drug prescription.

In paragraph 7, the Office Action rejects claims 4, 20, and 34 under 35 U.S.C. §103(a) as being unpatentable over Brown (U.S. Patent No. 6,161,095) and Brown (U.S. Patent No. 6,032,119) in view of Rose (U.S. Patent No. 4,695,954). Applicants traverse these rejections for the following reasons.

Dependent claims 4, 20, and 34 depend from claims 1, 17, and 31, respectively. For at least the reasons discussed above, claims 4, 20, and 34 are not taught or suggested by the Brown ('095) or Brown ('119) patents, either alone or in combination. The Rose patent does not cure the defects of the Brown ('095) or Brown ('119) patents, either alone or in combination.

The Office Action states that "Brown (095) does not expressly disclose the step of setting an alarm to activate and provide an alert of a scheduled event." The Rose patent describes "dispensing medications." (Abstract) The Rose patent at Col. 5, lines 43-48, Col. 10, lines 55-60, and Col. 11, lines 26-27, recites "medication dispenser 22 will generate alarms

indicating to the patient" and "[h]ome unit 160 preferably includes both audio and visual alarms."

Amended claims 4, 20, and 34 describe an alarm, wherein the alarm is set by a patient. Support for the amendments to claims 4, 20, and 34 may be found, for example, in the Specification at page 6, line 18 - page 7, line 3. On the other hand, the Rose patent describes a pharmacist will use a set switch to program in the time of data at which a compartment is to be accessible to the patient. Since the Rose patent teaches placing control over access to the medication with the pharmacist, the Rose patent teaches away from allowing the patient to set the alarm, which is more convenient for the patient.

Additionally, the Rose patent does not overcome the defects of the Brown ('095) or Brown ('119) patents, either alone or in combination in failing to teach or suggest Applicants' claimed display. In particular, the Rose patent does not teach or suggest displaying, in the display of the portable computing device, a main menu of selectable views, wherein the selectable views comprise a patient bio view, a medical history view, a patient medication schedule view, an appointment schedule view, and a log view, and wherein the appointment schedule view displayed in the display of the portable computing device differs from the appointment schedule view that is displayable on a display at the physician computer.

Therefore, dependent claims 4, 20, and 34 are not taught or suggested by the Brown ('095) or Brown ('119) or Rose patents, either alone or in combination.

In paragraph 8, the Office Action rejects claims 5, 9, 13, 16, 21-22, 27-28, 30, and 35 under 35 U.S.C. §103(a) as being unpatentable over Brown (U.S. Patent No. 6,161,095) and Brown (U.S. Patent No. 6,032,119) in view of Ballantyne (U.S. Patent No. 5,867,821). Applicants traverse these rejections for the following reasons.

Dependent claims 5, 9, 13, 16, 21-22, 27-28, 30, and 35 depend from claims 1, 11, 17, 25, and 31, respectively. For at least the reasons discussed above, claims 5, 9, 13, 16, 21-22, 27-28, 30, and 35 are not taught or suggested by the Brown ('095) or Brown ('119) patents, either alone or in combination. The Ballantyne patent does not cure the defects of the Brown ('095) or Brown

('119) patents, either alone or in combination. In particular, the Ballantyne patent does not teach or suggest displaying, in the display of the portable computing device, a main menu of selectable views, wherein the selectable views comprise a patient bio view, a medical history view, a patient medication schedule view, an appointment schedule view, and a log view, and wherein the appointment schedule view displayed in the display of the portable computing device differs from the appointment schedule view that is displayable on a display at the physician computer.

Therefore, claims 5, 9, 13, 16, 21-22, 27-28, 30, and 35 are not taught or suggested by the Brown ('095) or Brown ('119) or Ballantyne patents, either alone or in combination.

In paragraph 9, the Office Action rejects claims 8, 15, and 29 under 35 U.S.C. §103(a) as being unpatentable over Brown (U.S. Patent No. 6,161,095) and Brown (U.S. Patent No. 6,032,119) in view of Evans (U.S. Patent No. 5,924,074). Applicants traverse these rejections for the following reasons.

Dependent claims 8, 15, and 29 depend from claims 1, 11, and 25, respectively. For at least the reasons discussed above, claims 8, 15, and 29 are not taught or suggested by the Brown ('095) or Brown ('119) patents, either alone or in combination. The Evans patent does not cure the defects of the Brown ('095) or Brown ('119) patents, either alone or in combination.

Claims 8, 15, and 19 recite: "storing, with the physician computer, patient data structures for multiple patients; displaying, at the physician computer, an interactive schedule of patient appointments from the appointment schedule view maintained in the patient data structures, wherein appointment events are added to one patient data structure through the displayed interactive schedule of patient appointments, and wherein the displayed interactive schedule of patient appointments displays scheduled appointments for all patient records." Support for the amendments to claims 8, 15, and 29 may be found, for example, in the Specification at page 9, lines 19-20.

The Office Action states "the combined teachings of Brown (095) and Brown (119) do not expressly disclose the physician computer displaying an interactive schedule of patient appointments from the information stored in the patient data structure and adding an appointment

to the data structure via the interactive display." The Evans patent at Col. 5, line 56 to Col. 6 line 9, Col. 6 lines 14-18, describes a chart puller window that enables a healthcare provider to schedule a patient appointment. FIG. 3 of the Evans patent illustrates a chart puller window. The chart puller window allows a patient appointment to be scheduled, but does not display an interactive schedule of patient appointments from the information stored in the patient data structure, wherein the displayed interactive schedule of patient appointments displays scheduled appointments for all patient records.

Thus, claim 8 is not taught or suggested by the Brown ('095) or Brown ('119) or Evans patents, either alone or in combination. Claims 15 and 29 are not taught or suggested by the Brown ('095) or Brown ('119) or Evans patents, either alone or in combination, for at least the same reasons as discussed with respect to claim 8.

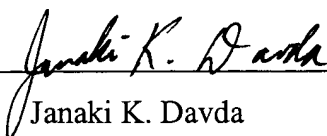
CONCLUSION

For all the above reasons, Applicant submits that the pending claims 1-36 are patentable over the art of record, and allowance is requested of claims 1-36.

Applicants have not added any claims. Nonetheless, should any additional fees be required, please charge Deposit Account No. 05-0585.

The attorney of record invites the Examiner to contact her at (310) 556-7983 if the Examiner believes such contact would advance the prosecution of the case.

Dated: March 6, 2003

By: 
Janaki K. Davda
Reg. No.: 40,684

Please direct all correspondences to:

David Victor
Konrad Raynes Victor & Mann, LLP
315 South Beverly Drive, Ste. 210
Beverly Hills, CA 90212
Tel: 310-553-7977
Fax: 310-556-7984